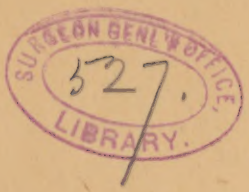
BOCHROCH (M.H.)

Syringomyelia with marked Unilateral atrophy.



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SYRINGOMYELIA WITH MARKED UNILATERAL ATROPHY.

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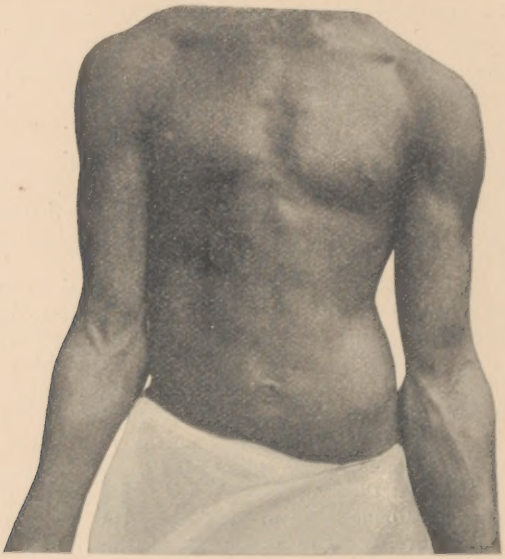
AN unusual form of a rare disease justifies me in putting the following case on record. The patient presented himself at the Neurological Department of the Jefferson Medical College Hospital, and it is through the courtesy of Professor Dercum that I report the case.

L. P., aged sixteen years, colored, with a negative family history, by occupation an errand-boy, claims to have enjoyed good health until six years ago, when he noticed a "sore" developing on one of the fingers of his right hand. This continued for several months, a few pieces of bone coming away. He asserts positively that it was never accompanied by pain. Soon after this another "sore" developed on the ulnar side of the right arm above the wrist, the size of a twenty-five-cent piece. This healed after about three months' time. Soon after this he noticed weakness in the grasp of the right hand, followed by weakness of the entire right arm. At no time had he any pain in the arm, the only sensation experienced being described as a "dead feeling." He also noticed that the arm had grown smaller.

The boy is rather below the average height for one of his years. He is, however, well nourished and mentally quite bright. Both arms seem unusually long. There is a dry, scaly condition of the skin on the outer

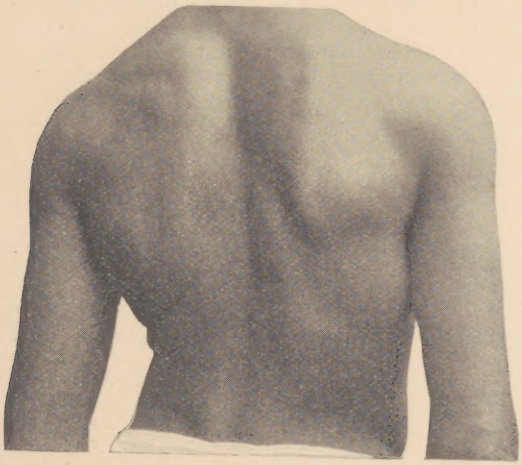
aspect of the right arm, extending from the back of the wrist up to the elbow. It is noticed at once that the muscles of the forearm and hand are much atrophied. Wasting, less marked, is also noticed in the upper arm. There is, in addition, a marked difference in the size of the muscles of the two halves of the trunk, the right being the smaller. This is especially evident in the



muscles of the lower dorsal and lumbar regions of the back, which are much atrophied. In consequence of this atrophy there is a marked scoliosis, the curvature being toward the right.

The muscles on the left side are not only of normal size, but seem excessive in development. The muscles of the right leg and thigh also present evidences of

atrophy. Tactile sensibility is everywhere preserved; the thermal sense, however, is markedly impaired or lost in the atrophic regions, and this is particularly the case at the tips of the fingers on the dorsal and palmar surfaces of the hand, and on both anterior and posterior aspects of the forearm halfway to the elbow. Over the upper arm, the right side of the chest, and the right



thigh the thermal sense is diminished, but not lost. There is also loss of pain-sense in these areas, but this is less pronounced than the thermal loss—*i. e.*, it is less extensive in distribution.

Response of the muscles to the galvanic and faradic currents is diminished, especially in the thenar and hypothenar eminences. There are no reactions of degeneration. There is a slight tremor of the right hand. Fibrillary contractions, however, are absent. The patellar tendon-reflexes are absent on both sides. Scars at the sites of the sores described by the patient can be

distinctly seen. Other examinations, including that of the eye, proved negative.

Cases of syringomyelia are not so unusual as to make it necessary to report every case in which the diagnosis is made. However, in the present instance the symptoms are confined entirely to one-half of the body, and the lesion in the cord must be unilateral. This fact is certainly remarkable, and must influence our conceptions of this interesting disease. The occurrence of painless whitlows early in the history of the case is also of great significance. It is a fact pointing to the identity of syringomyelia and Morvan's disease.